DC Health Care, In CPARTMENT, DE HEALTH, D.C. 20002

2001 APR 24 P 3 40

April 19, 2007

Ms. Patricia VanBuren
Program Manager
Department of Health
Health Regulation Administration
825 North Capitol St. NE, 2nd Floor
Washington DC 20002

Dear Ms. VanBuren,

We are forwarding to you the Plan of Correction for the survey conducted by your team on March 27, 2007 at 1938 First street, NE Washington DC 20001.

We have taken necessary steps to correct all the cited deficiencies. Hope our efforts are adequate to bring our program back to substantial compliance immediately.

Thank you for all your assistance.

Sincerely

Gracy Stephen, ACSW, LICSW

Program Director

Genry 8 hym

PRINTED: 04/09/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G034	B. WII	۷G		03/29/2007	
	PROVIDER OR SUPPLIER			19	REET ADDRESS, CITY, STATE, ZIP CODE 938 FIRST STREET NW VASHINGTON, DC 20001	, 00	20/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	TS	W	000			
W 111	March 27, 2007 thr survey was initiated process. A sample from a resident popurations disabilities. The findings of the observations and sat three day progralegal guardians, as administrative reco 483.410(c)(1) CLIE The facility must de recordkeeping syst	rvey was conducted from ough March 29, 2006. The dusing the fundamental survey of four clients was selected oulation of eight men with survey were based on taff interviews in the home and ms, interview with two clients' well as a review of client and rds, including incident reports. ENT RECORDS evelop and maintain a em that documents the client's treatment, social information,	W	1111	·	2007 APR 24 P 3: 40	RECEIVED RECEIVED RECEIVED REALTH REGULATION ADMINISTRATION
ABORATOR	and protection of the This STANDARD is Based on interview failed to ensure that documented the state conservator service protecting his rights. The findings includ On March 27, 2007 Qualified Mental Re (QMRP) revealed to court-appointed guinterviewed by teleptoginning at 1:52 F was his guardian. beginning at 3:00 F revealed the following processor provinces on provin	is not met as evidenced by: is and record review, the facility it Client #1's record accurately atus of the guardianship/ es that were established for is. e: 7, at 8:37 AM, interview with the etardation Professional hat Client #1 had a ardian. The guardian was bhone on March 28, 2007, ind. She confirmed that she Review of Client #1's records, ing: DER/SUPPLIER REPRESENTATIVE'S SIGN DE	NATURE		TITLE		(X6) DATE
	~	y Styrhu			President		4/19/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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W 111	Client #1's recompapers from the dath his cousin to serve	rds did not contain the court te that a judge first appointed	W 111 1 4 2	Guardianship, papers were we secured a copy and fiel Active Medical record as of (See Attachment).	d in the 04/16/07.	4-16-07
	3. Client #1's reco papers from the da a conservator. The or recent, in the rec	ned the role and igned to the guardian. rds did not contain court te that a judge first appointed ere were no court papers, past cord that defined the role and igned to the conservator.		Conservatorship papers are in the Active Medical record 04-16-07 (See attachment)	as of	4-16-07
	 4. Client #1's Individual Support Plan (ISP), dated 5/5/06, did not document the date that the cousin was appointed as guardian or define her role and responsibilities. 5. The ISP indicated that Client #1 had a "conservator" appointed. The ISP did not, however, indicate the date when the conservator was appointed, or define his role or responsibilities. 		4. & 5	Future ISP's will reflect The appointment of guardian conservator. Since DCHC is in the process preparing 2007 ISP for client Since DCHC is in the process # 1's 2007 ISP & IFP. The amendment will be included	s of #1.	5-15-67
	dated 5/5/06, did no court-appointed guinvolvement in the decision-making preflect the existence conservator or defithe client's financial of the client's financial course. The QMRP was 29, 2007, beginning the client's record	ridual Financial Plan (IFP), ot reflect the existence of a sardian or define her role or client's financial rocess. The IFP also did not see of a court-appointed ine his role or involvement in al decision-making process. Is interviewed again on March g at 8:30 AM. He examined and acknowledged that there uments regarding the guardian	7.	DCHC assures that all court documents. Regarding conser and guardians will be field in current Active medical record 04-16-07.	rvators the	4-16-07

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATÉ SURVEY COMPLETED	
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W 111	the QMRP, who had preparing the client the roles and responservator, as follows. He said he thou "limited medical" guinterviewed, the QM home office for door the guardian's role AM, the QMRP present indicated the cousinguardian," effective b. At 9:09 AM, the prepared by the content was submitted did not clearly state assigned by the conservator had cert the group home as client had no asset was based on the relative's home. To never been sold; the without assets. The disrepair and possicient's record did responservator did record the group home.	e interview also revealed that d primary responsibility in les annual ISP, was unsure of insibilities of the guardian and ows: ght the cousin might have uardianship. While being MRP looked through the group tumentation that would define and responsibility. At 9:05 sented court documents that in was appointed as "general"	8	a & b	QMRP was given an In-service record keeping on 04-16-07. Attach ment 'C'		4-16-07
	issue (sale of the fa however, he ackno	ed that he had discussed the amily home) with the guardian; wledged that those not been documented in the		c & d	QMRP will document all conversations in the client' Medical Record and as of 04	s Active	4-16-07
	d. The QMRP ack	nowledged that he had not					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COI 1938 FIRST STREET NW WASHINGTON, DC 20001		•		
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W 111	indicated that the cresponsibility had no client's interdiscipling. e. The QMRP was Client #1's guardian status reports to the reportedly was many were no status reporteding would need to follow.	onservator's role and ot been discussed by the	₩ 11	All reports submitted guardian will be field Medical Record as of	in the Active 4-16-07.	04-16-07	
	mandated and to recopies for inclusion 2. The facility failed record to reflect the report. Review of incident 3:12 PM, revealed surgically removed January 8, 2007. Ohome nurse wrote Per PMD talk with r Georgetown Univerwas removed from pathology" On the hospital physici foreign body in storno additional descrobject that was removed; investigation physician's notes, r aspects of Client #-nature of the plastic	equest that the client receive	2.	DCHC has request pathology report from University Hospital. report has not been redetails of the plastic of not been updated in the record. (Please see attack	sted the G. Town Since the ceived the bject have he client's	4-17-07	

		IDENTIFICATION NUMBER:	A. BUII	LDING	(X3) DATE SURVEY COMPLETED	
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W 154	approximately 9:36 Retardation Profes unaware of whethe physician had requinospital pathology Review of Client #4 failed to show evide pathology lab had sevaluation of the of nursing notes did reposition to obtain the Interview with the IM March 29, 2007 ind indeed telephoned the incident (date recalled the nurse hospital that the plato pathology. How not reflected in the 483.420(d)(3) STA CLIENTS The facility must haviolations are thorogonature of a "foreign removed from the clients in the samp The finding include Review of incident	is AM, the Qualified Mental sional indicated that he was at the nurses or primary care ested the results of the lab investigation. It's record on March 29, 2007 ence that the hospital sent the results of their bject. In addition, the client's not reflect follow-up with the ne results. Director of Nursing (DoN) on dicated that a facility nurse had the hospital sometime after not specified). The DoN having been told by the astic object had not been sent ever, the telephone call was client's record. FF TREATMENT OF ave evidence that all alleged bughly investigated. is not met as evidenced by: y and record review, the facility investigate the source and a body" that was surgically stomach of one of the four lie. (Client #4)	W 1	 Pertinent telepho will be document Active Medical from 04-16-07 on 	ted in the record	4-16-07

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 154	hospital for a routing on January 8, 2007 progress note date primary care physic "foreign body, round by laparoscopic gaincision in the abdoty yesterday." Accomprogress note date piece "was remove sent to pathology." Attached to the incinivestigation report "Emergency Inpation interviewed on Jan recounted the initial and its surgical renthat the QMRP was have ingested the phow, etc.). There indicated in the inverview of the investigation report whether the facility source or nature of [Also see W111] 483.440(e)(1) PRC Data relative to acc specified in client in objectives must be terms.	e endoscopy and colonoscopy to rule out GERD. In a d January 9, 2007, the client's cian wrote the following: d plastic piece, was removed strostomy through a small men without complications ding to a group home nursing d January 9, 2007, the plastic d from the stomach and was dent report was an dated January 11, 2007 resent Hospitalization." The documented that the Qualified Professional (QMRP) was uary 8, 2007. The QMRP I discovery of the foreign body noval. There was no evidence as asked how the client might plastic object (when, where, were no additional interviews estigative report failed to reflect had sought to determine the	W 154	This deficiency was rethe incident rainvestigator, and was cover all areas of "I where, what" question a thorough investigation. The incident rainvestigator. Will continue to a incident management scheduled by DDS.	nanagement s asked to now, when, to complete n report. nanagement ttend DDS	04-17-07 Ongoing 04-17-07

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W 369	review, the facility of the accomplishmer for one of four clien was documented in The finding include On March 28, 2007 observed to be agit escorted to the back continued to be agit calm the client, the continued to talk to back into his shirt. disrobing is one of The review of Clier (BSP) dated Febru objective which sta clothes stripping to month for nine more documentation of at the behavior data of program plan book 29, 2007 at 12: 17 aforementioned dis Client #4 on March 483.460(k)(2) DRU The system for dru that all drugs, incluself-administered, at the stripping to model on observative with the facility of the system for dru that all drugs, incluself-administered, at the system for drught all drugs, incluself-administered, at the system of account of the system for drught all drugs, incluself-administered, at the system of account of the system for drught all drugs, incluself-administered, at the system of account of the system for drught and the system of the	ailed to ensure data relative to at of the behavioral objective ats in the sample (Client #4) a measurable terms. S: Tat 4:25 PM, Client #4 was tated and noisy. He was tated and noisy. He was tated. As staff attempted to client pulled off his shirt. Staff the client and assisted him Interview with staff revealed the client's targeted behaviors. In the client will decrease two or fewer occurrences per attest. Interventions include all occurrences of disrobing on collection forms in the individual. Record verification on March PM revealed no evidence the probing behavior exhibited by 28, 2007 was documented. G ADMINISTRATION	W 369	behavior support plan, be documentation on 04-13-07. (See attachment)	Re-in llection chavior	4-13-57

W 369 Continued From page 7 The findings include: The morning medication administration pass was observed on March 27, 2007, beginning at 7:04 AM. At 7:20 AM, the Licensed Practical Nurse (LPN) was observed administering Client #1's medications. The LPN left the facility shortly after 8:05 AM. According to Client #1's March 2007 Medication Administration Record (MAR) and physician's orders (POs), the nurse was to have administrated one tablet of Allegers P. 24 Haves.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
D C HEALTH CARE STREET ADDRESS, CITY, STATE, ZIP CODE 1938 FIRST STREET NW WASHINGTON, DC 20001			09G034	B. WING_		03/2	9/2007
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 369 Continued From page 7 The findings include: The morning medication administration pass was observed on March 27, 2007, beginning at 7:04 AM. At 7:20 AM, the Licensed Practical Nurse (LPN) was observed administering Client #1's medications. The LPN left the facility shortly after 8:05 AM. According to Client #1's March 2007 Medication Administration Record (MAR) and physician's orders (POs), the nurse was to have administrated one tablet of Allegers P. 24 House				1	938 FIRST STREET NW		3/2007
The findings include: The morning medication administration pass was observed on March 27, 2007, beginning at 7:04 AM. At 7:20 AM, the Licensed Practical Nurse (LPN) was observed administering Client #1's medications. The LPN left the facility shortly after 8:05 AM. According to Client #1's March 2007 Medication Administration Record (MAR) and physician's orders (POs), the nurse was to have administrated and physician's orders (POs), the nurse was to have administrated and physician's orders (POs), the nurse was to have administrated and physician's orders (POs), the nurse was to have administrated and physician's orders (POs), the nurse was to have administrated and physician's orders (POs), the nurse was to have administrated physician's orders (POs), the nurse was to have administration pass was observed admin	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLETION DATE
allergy medication. At no time was Client #1 observed receiving Allegra D-24. It should be noted that review of Client #1's MAR on March 27, 2007, at approximately 10:45 AM, revealed that the medication nurse had mistakenly recorded having administered the Allegra D-24 on March 27, 2007. W 474 483.480(b)(2)(iii) MEAL SERVICES		The findings included between the morning medic observed on March AM. At 7:20 AM, the (LPN) was observed medications. The Item B:05 AM. According Medication Administered on the allergy medication. Observed receiving the should be noted the on March 27, 2007, revealed that the ministakenly recorded Allegra D-24 on March 28.480(b)(2)(iii) M. Food must be served developmental level to the four clier the finding included the four clier on March 28, 2007 offered a choice of was observed to seremoved the wrapp Twinkie, then gave	cation administration pass was a 27, 2007, beginning at 7:04 he Licensed Practical Nurse and administering Client #1's LPN left the facility shortly after g to Client #1's March 2007 stration Record (MAR) and (POs), the nurse was to have ablet of Allegra D-24 Hour At no time was Client #1 Allegra D-24. That review of Client #1's MAR, at approximately 10:45 AM, hedication nurse had d having administered the arch 27, 2007. EAL SERVICES Bed in a form consistent with the ele of the client. Is not met as evidenced by: ion, staff interviews and record ailed to serve each foods in a high the prescribed texture for ints (Client #4) in the sample. Second 10 PM Client #4 was snacks from a tray. Client #4 elect a Twinkie (Cake). Staff per for the client, mashed the it to the client who hurriedly		The medication as Nurse was in-serviced PMD on 04-03-07 The medication nurs reprimanded for the sa	d by DON & se was also ame.	04- @ 3-07

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 474	board in the kitcher document written by posted for staff atterstated if the diet or puree all solid foods all kinds of bread not linterview with staff pattern posted for the revealed the client it Low Cholesterol Higwerification revealed January 1, 2007 who prescribed a 3000 of Fiber, Pureed Diet, mealtime protocol foother notations), all starch, fruits, vegets should be pureed. To Client #4 received a consistency prescribed a 300 of Fiber, Pureed Diet, mealtime protocol foother notations), all starch, fruits, vegets should be pureed. The facility must as manner consistent velvel. The facility must as manner consistent velvel. This STANDARD is Based on observation failed to ensure cliekitchen were provided participate in family eight clients in the staff includes. The finding includes.	revealed an undated by the dietitian which was intion. These guidelines der is pureed diet, please is. The guidelines further stated eed to be pureed. and the review of the meal me client in the kitchen is prescribed a 3000 calorie, gh Fiber, Pureed Diet. Record dia physician's order dated in the stated the client was calorie, Low Cholesterol, High According to an undated for Client #4 (Cautions and solid foods (meat, bread, ables, snacks and desserts there was no evidence that each food in the pureed bed. NG AREAS AND SERVICE is sure that each client eats in a with his or her developmental is not met as evidenced by: on and interview, the facility ints allowed to assist in the ed an opportunity to style dining for three of the survey. (Clients #1, #6 and #8)	W 488	Staff was re-inserviced of to follow diet orders diet protocols etc. Attrachment	s- special	4-13-07	

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W 488	#1, #6, and #8 were during various task dishwasher and call and place mats to thowever, required \$6:18 PM, staff was onto each of the cli Mental Retardation observed reading the various diets to the clients were then call where the clients at Client #8 was obseas staff rinsed the place of t	e able to assist in the kitchen such as loading the rrying eating utensils, glasses the table. The clients, supervision and prompting. At observed serving the food ents' plates. The Qualified Professional (QMRP) was the portions required for the staff. The plates for the arried to the dining room table the their meal. After dinner, rived loading the dishwasher plates and passed them to him. QMRP concerning the clients' their own plates indicated that #8 could possibly participate if they were provided training here was no evidence however to provided an opportunity to style dining or that learning provided for them to select the ad amounts of foods at	W 48	An in-service was of 16-07 to encourage dining for clients Learning opportunit given to them at me	family style 1, 6 & 8. ties will be eal time. The start with d beverages.	04-16-07

PRINTED: 04/09/2007 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIÁ (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G034 03/29/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1938 FIRST STREET NW D C HEALTH CARE WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted from March 27, 2007 through March 29, 2006. A random sample of four residents was selected from a resident population of eight men with various degrees of disabilities. The findings of this survey were based on observations at the group home and three day programs, interviews with two legal guardians. day program and residential staff, and the review of clinical and administrative records, including incident reports. 1 090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Observation of the environment were conducted on March 29, 2007 beginning at 2:10 PM facility failed to maintained the environment as evidence by the concerns identified below: 1. Exterior of the facility:

Health Regulation Administration

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a. On March 29, 2007 at approximately 2:45 PM.

the left lid on the dumpster located in the back

above the top. Interview with the staff revealed

yard was observed open and with trash piled

the trash would be removed on the next day, which was one of the two days a week trash was

indicated no other trash can was available to collect trash when the dumpster was full. There

collected. Further interview with the staff

TITLE

removal company.

04-17-07.

President

An extra toter was ordered on

So that extra trash can be stored:

and picked up by the same trash

4-17-0

If continuation sheet

VQ5R11

a. .

5-10-

Health Regulation Administration

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G034 03/29/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1938 FIRST STREET NW D C HEALTH CARE WASHINGTON, DC 20001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1 090 Continued From page 1 1090 was no evidence the GHMRP had sufficient trash cans available to store garbage between trash collection days. The pavement will be repaired 04-30-07 b. A small back porch paved area was observed h by 04-30**-**07 at the rear exit from the basement. Further observation revealed the steps leading from the ground level down to the paved entrance area outside the basement. This pavement was observed to be broken away where the bottom step junctions with the paved area. There was no evidence the pavement was maintained in good repair. c. The large stone at the right corner of the front The railing was fixed on c basement entrance to the GHMRP was observed 03-30-07 to be broken and hanging loose. The railing 03-30-07 which was previously attached to the broken stone was no longer secured and did not provide needed support to persons ascending and descending the the steps leading down to the basement. d. d. A cut off pipe, which was approximately 1 1/2" Cut off pipe was removed on in diameter and 2 inches in height, was observed 03-30-07 03-30-07 standing directly to the right of the bottom step leading from the basement to the ground level walkway at the front of the GHMRP. The window was stabilized 2. Interior of the facility: a04-17-07 properly on a. Space was observed between the dining room window and the wall at the bottom left side. This A replacement window was permitted the entrance of air into the room from 04-30-07 ordered and be placed by the outside of the building. The shelves will be smoothened b. The surface of the three lower shelves of the h. large cabinet located in the kitchen adjacent to and painting to completed by the first floor bathroom were rough and not easily 04-30-07 cleanable. Lar

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G034		B. WING		03/2	9/2007
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	03/2	J12001
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1 090	Continued From pa	ige 2	•	1 090			
	 c. Cracked floor tiles were observed in several areas of the facility, however were most prominent in the kitchen, first floor sitting room, and the basement living area. d. The gasket on the interior of the oven door was missing from the right side of range door. 		C d		Cracked tiles will be replace by Sears maintenance will replace the		
e. A broken section was observed on the top and side of the food processor. Observation on March 28, 2007 revealed the food processor was used to prepare the modified textured diets. Interview with staff indicated the food processor was scheduled to be replaced. There was no		e	A new food processor w purchased on 04-18-07.	04-18-07			
	evidence the food p good repair. f. The vinyl on the o	evidence the food processor was maintained in			Since the furniture is stu DCHC will repair the cu (new vinyl covers, cush by	ishions	05-30-07
l 186	3508.5(c) ADMINIS	STRATIVE SUPPOR	Ŧ	l 186			
· ·	Each GHMRP shal that shows the folio	I have an organizatio wing:	n chart				
	(c) The categories and direct care stat	and numbers of supp ff; and	portive				
	This Statute is not met as evidenced by: On March 29, 2007, at 5:05 PM, review of the current Organizational Chart (not dated) kept in the Policies and Procedures Manual revealed the following: 1. The chart was not reflective of the numbers or categories of nursing staff. Review of personnel records earlier that day had indicated that some nurses were agency employees while others were consultants. The Director of Nursing						
					The chart was revised to DCHC employees & co employees. At high	ntract	04-17-07

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		09G034		,		03/2	29/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, 8	STATE, ZIP CODE		-
D C HEA	LTH CARE			ST STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 186	Continued From pa	ige 3		l 186			
	confirmed this durir approximately 6:15	ng the Exit Conference PM;	ce, at				
	2. The chart was not reflective of the numbers of direct care staff; and,3. Although the chart indicated that a Behavior		ımbers of		The number of direct care reflected in the staffing so	hedule.	4-18-07
	3. Although the chart indicated that a Behavior Specialist was employed, interview with the Qualified Mental Retardation Professional and the Director of Nursing revealed that the clients residing in the facility did not use a Behavior Specialist; they received services solely from a licensed Psychologist for their behavior				Please See attachment –¹	K' ;	
				Please see the revised org chart.	anization	4-17-07	
	4. The Qualified Mental Retardation Professional and Director of Nursing further indicated that the Organizational Chart presented was a generalized flow chart that applied to all facilities operated by the agency, and therefore did not apply specifically to this ICF/MR.				Please see the revised org chart.	anization	4-17-07
l 292	3514.3 RESIDENT	RECORDS		1 292			
		nclude, but not be lim f D.C. Law 2-137, D. . Vol.).					
	The facility failed record accurately d	met as evidenced by d to ensure that Resi locumented the statu ervator services that tecting his rights.	dent #1's is of the		•		
	6-1972) "Complete records maintained and sha professional persor	ection 7-1305.12 (for for each customer s all be readily available ns and to the staff wo volved These recor	hall be e to orkers				

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE STREET ADDRESS, CITY, STATE, 2P CODE 1938 FIRST STREET NW WASHINGTON, DC 20001		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
DC HEALTH CARE SUMMARY STATEMENT OF DEPICIENCIES (PAGE INTO ISC OPENTIFYMO INFORMATION) PROVIDER'S PLAN OF CORRECTION (PAGE INTO ISC OPENTIFYMO INFORMATION) PREFIX TAG CONTINUED CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY (1) Identification data, including the customer's legal status" On March 27, 2007, at 8:37 AM, interview with the Qualified Mental Retardation Professional (QMRP) revealed that Resident #1 had a court-appointed guardian. The guardian was interviewed by telephone on March 28, 2007, beginning at 1:52 PM. She confirmed that she was his guardian. Review of Resident #1's records, beginning at 1:52 PM. She confirmed that she was his guardian. Review of Resident #1's records did not contain the court papers from the date that a judge first appointed his cousin to serve as his guardian. 2. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the guardian. 3. Resident #1's records did not contain court papers from the date that a judge first appointed a conservator. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the conservator. 4. Resident #1's Individual Support Plan (ISP), dated 6/5/06, did not document the date that the date that the date when the date that the cousin was appointed as guardian or define her role and responsibilities. 5. The ISP indicated that Resident #1 had a "conservator," define his role or responsibilities.			09G034		B. WING _		03/2	9/2007
PROMORES PLAN OF CORRECTION (ACCOUNT NAME OF CORRECTION NAME OF CORRECTION (ACCOUNT NAME OF COUNT						<u>'</u>	1 00/2	<u> </u>
PREFIX TAG REGULATORY OR LOS DENTIFYING INFORMATION) 1292 Continued From page 4 include: (1) Identification data, including the customer's legal status' On March 27, 2007, at 8:37 AM, interview with the Qualified Mental Retardation Professional (OMRP) revealed that Resident #1 had a court-appointed guardian. The guardian was interviewed by telephone on March 28, 2007, beginning at 1:52 PM. She confirmed that she was his guardian. Review of Resident #1's records, beginning at 3:00 PM on March 28, 2007, revealed the following: 1. Resident #1's records did not contain the court papers from the date that a judge first appointed his cousin to serve as his guardian. 2. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the guardian. 3. Resident #1's records did not contain court papers from the date that a judge first appointed a conservator. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the conservator. 4. Resident #1's Individual Support Plan (ISP), dated 5/5/06, did not document the date that the cousin was appointed as guardian or define her role and responsibilities assigned to the conservator. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the conservator. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the conservator. Since DCHC is in the process of preparing 2007 ISP for client # 1. 5. The ISP indicated that Resident #1 had a "conservator" appointed. The ISP did not, however, indicate the date when the conservator was appointed, or define his role or responsibilities.	DÇREA	LIN CARE						
include: (1) Identification data, including the customer's legal status" On March 27, 2007, at 8:37 AM, interview with the Qualified Mental Retardation Professional (CMRP) revealed that Resident #1 had a court-appointed guardian. The guardian was interviewed by telephone on March 28, 2007, beginning at 1:52 PM. She confirmed that she was his guardian. Review of Resident #1's records, beginning at 3:00 PM on March 28, 2007, revealed the following: 1. Resident #1's records did not contain the court papers from the date that a judge first appointed his cousin to serve as his guardian. 2. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the guardian. 3. Resident #1's records did not contain court papers from the date that a judge first appointed a conservator. There were no court papers, past or recent, in the record that defined the role and responsibilities assigned to the conservator. 4. Resident #1's Individual Support Plan (ISP), dated 5/5/06, did not document the date that the cousin was appointed as guardian or define her role and responsibilities assigned to the conservator. 5. The ISP indicated that Resident #1 had a "conservator" appointed. The ISP did not, however, indicate the date when the conservator was appointed, or define his role or responsibilities.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETE
6. Resident #1's Individual Financial Plan (IFP),	I 292	include: (1) Identification da legal status" On March 27, 2007 the Qualified Menta (QMRP) revealed the court-appointed guainterviewed by telepteginning at 1:52 P was his guardian. I records, beginning 2007, revealed the 1. Resident #1's repapers from the dahis cousin to serve 2. There were no of the record that defir responsibilities ass 3. Resident #1's repapers from the data conservator. The or recent, in the record recent, in the record responsibilities ass 4. Resident #1's Indated 5/5/06, did nousin was appoint role and responsibilities. 5. The ISP indicate the responsibilities.	ta, including the cust at 8:37 AM, intervie al Retardation Profess at Resident #1 had a ardian. The guardian bhone on March 28, 2 M. She confirmed the Review of Resident # at 3:00 PM on March following: cords did not contain te that a judge first al as his guardian. court papers, past or ned the role and igned to the guardian cords did not contain te that a judge first al are were no court paper cords did not contain te that a judge first al are were no court paper cord that defined the signed to the conserva dividual Support Plan ot document the date ed as guardian or de lities. ed that Resident #1 h inted. The ISP did no define his role or	w with sional and was 2007, nat she sti's 28, at the court pointed pers, past role and ator. In (ISP), se that the fine her ad a cot, asservator	1. 2. 3.	o4-10-07, where the ordered the attorney to status report on clies inheritance if any to the 04-30-07. DCHC will that the new report be a record. This court order result of the conservator involvement in client # Attachment Guardianship, papers were we secured a copy and for Active Medical record as a copy and for Active Medical record as a copy and for the Active Medical record as a copy and for the Active Medical record of the conservatorship papers are in the Active Medical record of the Active Medic	judge has a submit a nt # 1's e court by make sure part of his is also as r's lack of l's affairs. # L L L L L L L L L L L L L L L L L L	

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		09G034		B. WING _		03/29	9/2007
NAME OF P	ROVIDER OR SUPPLIER	<u></u>	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	00/2	5/200 <u>7</u>
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I 292	Continued From pa	ge 5		1 292			
	court-appointed gua involvement in the decision-making pr reflect the existence conservator or defin	ot reflect the existence ardian or define her reclient's financial ocess. The IFP also e of a court-appointene his role or involve I decision-making pre	role or o did not ed ment in	6.	Since DCHC is in the process # 1's 2007 ISP & IFP. The amendment will be included ISP's are finalized.		5/15/07
	29, 2007, beginning the client's record a were no court docu or conservator. The QMRP, who ha preparing the client	interviewed again or g at 8:30 AM. He example and acknowledged the ments regarding the e interview also reved primary responsibles annual ISP, was upossibilities of the gualows:	amined lat there guardian lated that lity in linsure of	7.	DCHC assures that all court documents. Regarding conser and guardians will be field in current Active medical record 04-16-07.	the	4) 16/07
	"limited medical" guinterviewed, the QN home office for door the guardian's role AM, the QMRP preindicated the cousinguardian," effective b. At 9:09 AM, the prepared by the couthat was submitted did not clearly state assigned by the coconservator had ceand the group hom the resident had not reportedly was bas sale of a relative's home had never be remained without as	ght the cousin might uardianship. While but MRP looked through cumentation that would and responsibility. As sented court documen was appointed as "a 3/13/03. QMRP presented a reservator, dated Marto the court. The document of the court. The document of the court	document resident because at ment andle the eresident	a + b	QMRP was given an In-serving record keeping on 04-16-07. Client # 1 had a court hear 04-10-07, where the judg ordered the attorney to sustatus report on client inheritance if any to the court of 04-30-07. DCHC will make that the new report be a part record. This court order is a result of the conservator's linvolvement in client # 1's a	ing on being a like has been a like has built a like built by the sure to of his balso as lack of	4/30/07

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
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I 292	Continued From pa	ge 6		i 292			
	any documentation information being p c. The QMRP state issue (sale of the fathowever, he acknowersations had resident's record. d. The QMRP acknowledge the conservation of the conservat	not been documente nowledged that he ha itor in recent years. I onservator's role and ot been discussed by	erview. ssed the guardian; d in the ad not He further	e + d	QMRP will document all conversations in the client Medical Record and as of 04	's Active	
	Resident #1's guard semi-annual status 6-month reports repourt. There were available for review QMRP said he wou guardian to confirm reports, as mandate	of the understanding dian was submitting reports to the court. cortedly was mandation status reports, how in the resident's reculd need to follow-up a that she had been fied and to request that pies for inclusion in h	Filing ed by the wever, ord. The with the iling at the	e.	All reports submitted to guardian will be field in the Medical Record as of 4-16	e Active -07.	04-16-07
	medical record to report for the foreig stomach which was D.C. Law 2-137, Se 6-1972) "Complete records maintained and shaprofessional persor who are directly invinclude:	to update Resident effect the status of particular to the staff we colved These records to physical examinations and to the staff we colved These records the physical examinations.	athology ht #4's hospital merly hall be e to orkers ds shall	2	DCHC has requeste pathology report from G University Hospital. Sin report has not been received details of the plastic object not been updated in the record. (Please see attachm — Pertinent telephorwill be documented Active Medical from 04-16-07 onw	i. Town ince the lived the lived the lived the lived the lived client's line calls line calls line calls line calls line calls	4-17-07 + E2.

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
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,	ROVIDER OR SUPPLIER		1938 FIRS	DRESS, CITY, S ST STREET I STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
1 292	Continued From particles the result (16) A record of any treatments thereof, The facility failed to record to reflect the report. Review of incident 3:12 PM, revealed surgically removed on January 8, 2007 group home nurse note: " Per PMD of Georgetown Univerwas removed from pathology" On the summary, the hosp following: "Large for hospital provided in information regarding removed. Review of investigation report notes, nursing note Resident #4's record of the plastic object. When interviewed of approximately 9:36 Retardation Profesunaware of whether	ts of the examination y seizures, illnesses, and immunizations. o update Resident #4 e status of a hospital reports on March 27, that a foreign body w from Resident #4's so. On January 9, 200 wrote the following p talk with medical tearsity Hospital a plastic the stomach and was he hospital discharge pital physician wrote the reign body in stomach and was the hospital discharge pital physician wrote the incident report in general physician wrote the incident report in grimary care physician and other aspects and other aspects of failed to indicate the fixed physician wrote the incident report in grimary care physician wrote the incident report in grimary care physician wrote the incident report in grimary care physician wrote the incident report in the object that was and other aspects of failed to indicate the fixed with the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the results of the second indicated that in the nurses or primare ested the second indicated	's medical pathology 2007, at ras stomach 7, a rogress m to <sic> c piece s sent to he ch." The ve is of he nature at ental he was ary care</sic>	1292	This deficiency was rethe incident investigator, and wa cover all areas of where, what" question a thorough investigation	eviewed with management as asked to 'how, when, a to complete on report. management attend DDS	04-17-07 Ongoing 04-17-07
	Further review of R 29, 2007 failed to s pathology lab had s evaluation of the of	desident #4's record of thow evidence that the sent the results of the oject. In addition, the notes did not reflect f	ne hospital eir e				

VQ5R11

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
<u></u> .	09G034	B. WING	03/29/2007

NAME OF PROVIDER OR SUPPLIER

D C HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

1938 FIRST STREET NW WASHINGTON, DC 20001

D C HEALTH CARE WAS		WASHINGTON, DC 2	ASHINGTON, DC 20001				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
1 292	Continued From page 8	I 292					
·	Interview with the Director of Nursing (De March 29, 2007 indicated that a facility of indeed telephoned the hospital sometime the incident (date not specified). The Dorecalled the nurse having been told by the hospital that the plastic object had not be to pathology. However, the telephone cannot reflected in the resident's record.	e after bN ne een sent	Pertinent telephone calls will be documented in the Active Medical record from 04-16-07 onwards.	H-16-01			
I 422	3521.3 HABILITATION AND TRAINING	1 422					
4	Each GHMRP shall provide habilitation, and assistance to residents in accordance the resident 's Individual Habilitation Pla	ce with					
	This Statute is not met as evidenced by The morning medication administration pobserved on March 27, 2007, beginning AM. At 7:20 AM, the Licensed Practical (LPN) was observed administering Resigned in the LPN left the facility shadown and the left the facility shadown a	pass was at 7:04 Nurse dent #1's ortly after arch 2007) and to have Hour					
I 479	3522.6(e) MEDICATIONS	I 479					
	The record for a resident 's prescribed of substances shall include the following:	controlled					
	(e) Each time the controlled substance is taken or administered.	s to be					
	This Statute is not met as evidenced by The morning medication administration p		ø.				

PRINTED: 04/09/2007

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G034 03/29/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1938 FIRST STREET NW D C HEALTH CARE WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1479 Continued From page 9 1479 observed on March 27, 2007, beginning at 7:04 AM. At 7:20 AM, the Licensed Practical Nurse The medication administration 04-43-07 (LPN) was observed administering Resident #1's Nurse was in-serviced by DON & medications. The LPN left the facility shortly after 8:05 AM. According to Resident #1's March 2007 PMD on 04-**6**3-07 Medication Administration Record (MAR) and The medication nurse was also physician's orders (POs), the nurse was to have reprimanded for the same. administered one tablet of Allegra D-24 Hour Staff was re-inserviced on 04-13allergy medication. At no time was Resident #1 07 to follow diet orders- special observed receiving Allegra D-24. diet protocols etc. Review of Resident #1's MAR on March 27. Atrachment "G" 2007, at approximately 10:45 AM, revealed that the medication nurse had mistakenly recorded having administered the Allegra D-24 on March 27, 2007.

VQ5R11